

RESEARCH INSIGHTS

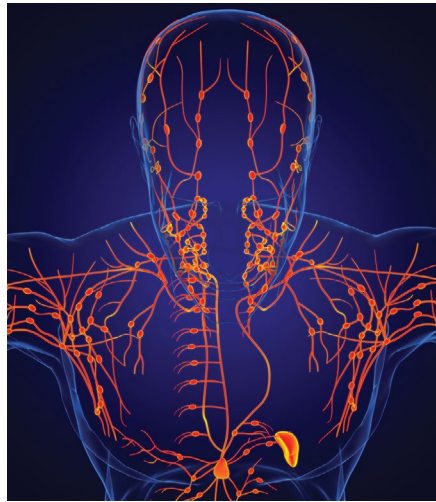
Decades without difference

Head and neck cancer in the UK: what was the stage before COVID-19? UK cancer registries analysis (2011–2018). *Br Dent J* 2022; <https://doi.org/10.1038/s41415-022-5151-4>

The prognosis of head and neck cancer (HNC) is usually proportional to the stage at which the patient is diagnosed. Despite UK national cancer registries collecting data on HNC diagnoses, the population significance of advanced stage HNC is not completely understood. In this review, Creaney *et al.* aim to analyse the trends in the stage of diagnosis across the UK prior to the COVID-19 pandemic.

For this study, information requests were made to the four UK national cancer registries for the latest ten years of HNC incidence data. The TNM classification of malignant tumours was used to categorise an individual's diagnosis into one of four stages:

- A total of 104,913 cases of HNC were diagnosed across England, Scotland, Wales and Northern Ireland from 2011–2018
- From 2009–2018, 59% of patients with HNC in the UK were diagnosed with advanced stage disease in the national cancer registries
- The proportion of cancers diagnosed with advanced disease in 2016–2018 was highest in Wales (69%), followed by Northern Ireland (67%), Scotland (65%) and then England (58%)
- Oropharyngeal cancers were shown to be more likely to present with advanced disease.



Two previous clinical cohorts from the UK ranging from 1996–2014 recruited 56–59.6% of people with advanced-stage disease. This paper illustrated that there had been no improvement in rates of advanced disease in the last 20 years, with current rates far higher in Scotland, Wales and Northern Ireland than in England.

In addition to highlighting the lack of improvement in HNC diagnosis, the review demonstrated the usefulness of cancer registries, providing high-quality population coverage data on cancer incidence related to key demographics. Conversely, the accuracy of these registries relies on data being routinely recorded and there are fields such as staging which were incomplete.

Advance stage diagnosis of HNC remains a significant challenge for UK cancer services and

this article emphasises the invaluable role dentists can play in the detection of HNC in the primary care setting. Understanding the pre-pandemic picture of HNC diagnoses will help ascertain the effect that COVID-19 has had on the UK cancer healthcare systems. Well-documented issues of limited access to health services and reported lower rates of diagnosis generally in the NHS propagate concerns that the pandemic may lead to more patients presenting with advanced disease.

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Why did you decide to undertake this study?

With all cancers, the earlier the disease is detected, the better chance you have of a more positive outcome and fewer long-term morbidities. This is especially true for head and neck cancer (HNC). The evidence suggests that a later stage/more advanced disease at diagnosis is a significant factor in poor prognosis. For some cancer groups, the national incidence of new cancers by stage at diagnosis is widely known and routinely reported. This isn't the case for HNCs where our understanding of late-stage diagnosis comes from audits/cohort studies. In order to reduce the burden of late-stage disease, we thought it important to utilise any data held at the National Cancer Registries so that we can accurately understand and address this public health issue. This will also

help us to evaluate in the near future the effect of the COVID-19 pandemic on our HNC system.

Did any of the results surprise you?

The existing evidence had stated that Stage III and IV HNCs were the slight majority for most HNC subgroups; however, it was disappointing to see that when analysing those cases where stage at diagnosis is recorded at the national registry level, the proportion of people being diagnosed with later disease is higher than previously stated or estimated in past studies – as high as two-thirds in Scotland, Wales and Northern Ireland and still the significant majority in England. It was interesting that stage at diagnosis of HNCs is still not recorded for 100% of cases in the registry but is becoming more complete.

What do you think the next steps should be considering your findings?

Identifying and understanding the various factors associated with advanced HNCs is crucial if we want to have any chance in improving early detection rates. This is something that the EU Horizon 2020 Funded HEADSpAcE Consortium is researching across Europe and South America through multiple studies, including my own PhD research. Thanks for reading! ■